

COMMANDER'S REPORT OF DISCIPLINARY OR ADMINISTRATIVE ACTION For use of this form, see AR 190-45; the proponent agency is Office of the Provost Marshal General			SUSPENSE DATE (YYYYMMDD)	
PRIVACY ACT STATEMENT				
AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN). PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately identified. ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval. DISCLOSURE: Disclosure of your social security number is voluntary.				
1. THRU		2. TO Director U.S. Army Crime Records Center Fort Belvoir, VA 22060		3. FROM Special Agent in Charge USACIDC Fort Bragg, NC
4. USACRC CONTROL NUMBER 0051-05-CID343-25500		5. MP REPORT NUMBER		6. SUB-INSTALLATION IDENTIFIER
<p>The first Lieutenant Colonel in the chain of command is responsible and accountable for completing DA Form 4833 with support documentation (copies of Article 15s, court-martial orders, reprimands, etc) for all USACIDC investigations. The unit and brigade commander or their equivalent will also receive a copy of the DA Form 4833 for all USACIDC investigations.</p> <p>Company, troop, and battery level commanders are responsible and accountable for completing DA Form 4833 with supporting documentation in all cases investigated by MPI, civilian detectives employed by the Department of the Army, and the PMO. Accurate and complete DA 4833 disposition reports are required to meet installation, command, HQDA, DOD, and federal statutory reporting requirements. The data is used to identify crime trends, establish command programs in law enforcement and other activities, and to ensure that resources are made available to support commanders who must address issues of soldier and family member indiscipline.</p> <p>In court-martial cases, a conviction of an offense at court-martial may be for a different, or lesser included offense. List the offense for which the individual was convicted at court-martial in the remarks section.</p> <p>Block 5. Provost Marshals must enter the Military Police Report number for all cases referred to commanders.</p> <p>Block 6. This block is used to enter report number from a civilian law enforcement agency police report. Other information on the civilian law enforcement agency (e.g. civilian law enforcement agency address) may be entered in the remarks section.</p>				
7. NAME OF SUBJECT (Last, First, MI) Rehder, Kyle S.		8. GRADE E3	9. SSN (b)(6) (b)(7)(C)	10. DATE OF BIRTH (YYYYMMDD)
11a. OFFENSE(s)	11b. DATE OF OFFENSE(s) (YYYYMMDD)	11c. ACTION TAKEN		11d. IF NO ACTION TAKEN, EXPLAIN:
Cruelty and Maltreatment	20050907	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
Assault	20050907	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
		YES <input type="checkbox"/> NO <input type="checkbox"/>		
12. ACTION TAKEN (check all that apply) * Subject was advised that although no action was taken, the report would be retained in Army records and that requests for amendment, correction, or expungement may be submitted IAW AR 190-45 (MP Reports) or AR 195-2 (CID Reports).				
<input type="checkbox"/> a. NON-ADVERSE PERSONNEL ACTION REFERRAL: REFERRED TO (Check appropriate blocks) DATE REFERRED (YYYYMMDD) DATE RESPONDED (YYYYMMDD)				
F = FAMILY ADVOCACY				
D = DRUG/ALCOHOL ABUSE				
S = SPECIAL REFERRAL				
E = EQUAL OPPORTUNITY				
L = LEGAL OFFICE				
M = MENTAL HEALTH				
R = RELIEF AGENCY				
<input type="checkbox"/> b. ADVERSE PERSONNEL ACTION: REPRIMAND <input type="checkbox"/> ORAL <input type="checkbox"/> WRITTEN <input type="checkbox"/> FILED: <input type="checkbox"/> LOCALLY <input type="checkbox"/> OMPF <input type="checkbox"/> <input type="checkbox"/> LETTER OF CONCERN/COUNSELING <input type="checkbox"/> ADVERSE OER/NCOER COMMENT <input type="checkbox"/> RELIEF FOR CAUSE OER/NCOER <input type="checkbox"/> SUSPENDED SECURITY CLEARANCE OR OTHER ADVERSE ACTION REGARDING SECURITY CLEARANCE <input type="checkbox"/> DISCHARGE PURSUANT TO AR 635-200 (ENLISTED)/AR 600-8-24 (OFFICER) Regulation _____ Chapter _____ Characterization _____ Discharge Date _____				
<input type="checkbox"/> c. NONJUDICIAL PUNISHMENT (Article 15, UCMJ) (ATTACH COPY OF ARTICLE 15) <input type="checkbox"/> SUMMARIZED <input type="checkbox"/> FIELD GRADE <input type="checkbox"/> GCMCA IMPOSED <input type="checkbox"/> COMPANY GRADE <input type="checkbox"/> GENERAL OFFICER IMPOSED				
<input checked="" type="checkbox"/> d. JUDICIAL (If subject was tried by court-martial attach a copy of the court-martial order giving findings and sentences.) <input type="checkbox"/> SUMMARY COURT-MARTIAL <input type="checkbox"/> GENERAL COURT-MARTIAL <input checked="" type="checkbox"/> SPECIAL COURT-MARTIAL <input type="checkbox"/> CIVILIAN OR MAGISTRATE CRIMINAL COURT				

